

UNITED STATES DISTRICT COURT

for the

Middle District of Tennessee

Catholic Medical Association

Plaintiff(s)

v.

United States Department of Health and Human
Services, et al.

Defendant(s)

Civil Action No. 3:25-cv-00048

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Xavier Becerra, Secretary
United States Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Jonathan A. Scruggs
Alliance Defending Freedom
15100 North 90th Street
Scottsdale, Arizona 85260

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 1/10/2025



CLERK OF COURT

[Handwritten Signature]

Signature of Clerk or Deputy Clerk

Civil Action No. 3:25-cv-00048

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* Xavier Becerra, in his official capacity as Secretary of the United States Department of Health and Human Services was received by me on *(date)* January 23, 2025.

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____; or


☐ I returned the summons unexecuted because _____; or

☒ Other *(specify)*: On Tuesday, January 24, 2025, I mailed a copy of the Summons; Complaint & Civil Cover Sheet; Notice of First Amended Administrative Order No. 217; Notice Regarding Consent of the Parties; Notice Regarding Business Entity Disclosure Statement; TN Bar Status verification for Jonathan Scruggs; Notice of Setting of Initial Case Management Conference; Order referring this case to Magistrate Judge for customized case management; and Plaintiff's Business Entity Disclosure Form by USPS certified mail, priority mail to Xavier Becerra, Secretary, United States Department of Health & Human Services, 200 Independence Avenue SW, Washington, DC 20201. (FRCP 4(i)(2).) The item was delivered on January 27, 2025.

My fees are \$ 0 for travel and \$ 0 for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 2/11/25



Server's signature

Emily Golden, Legal Administrative Assistant

Printed name and title

44180 Riverside Parkway, Lansdowne, VA 20176

Server's address


Additional information regarding attempted service, etc: See Attachment 1, U.S. Postal Service Certified Mail Receipt, Attachment 2, USPS Domestic Return Receipt "Green Card," and Attachment 3, USPS Tracking.

9589 0710 5270 0765 7862 39

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
Washington, DC 20201	
Certified Mail Fee	\$4.85
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$10.10
Total Postage and Fees	\$19.05
Sent To Xavier Becerra, Secretary, U.S. Dept. of Health & Human Services Street and Apt. No., or PO Box No. 200 Independence Ave, SW City, State, ZIP+4® Washington, Dc 20201	
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	

Postmark Here
01/24/2025
USPS

Attachment 1, U.S. Postal Service Certified Mail Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: Xavier Becerra, Secretary U.S. Dept. of Health & Human Services 200 Independence Ave, SW Washington, DC 20201		B. Received by (<i>Printed Name</i>)	C. Date of Delivery
 9590 9402 9070 4122 0443 24		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (<i>Transfer from service label</i>) 9589 0710 5270 0765 7862 39		3. Service Type <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery </div> <div> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

Attachment 2, USPS Domestic Return Receipt "Green Card."

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700765786239

Copy

Add to Informed Delivery (<https://informedelivery.usps.com/>)

Latest Update

Your item was delivered to the front desk, reception area, or mail room at 7:48 am on January 27, 2025 in WASHINGTON, DC 20201.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Delivered, Front Desk/Reception/Mail Room

WASHINGTON, DC 20201
January 27, 2025, 7:48 am

Redelivery Scheduled for Next Business Day

WASHINGTON, DC 20201
January 26, 2025, 8:51 am

Arrived at Hub

WASHINGTON, DC 20018
January 26, 2025, 6:25 am

Departed USPS Regional Facility

WASHINGTON DC DISTRIBUTION CENTER
January 26, 2025, 4:30 am

Arrived at USPS Regional Facility

WASHINGTON DC DISTRIBUTION CENTER

Feedback

Attachment 3, USPS Tracking

January 26, 2025, 1:28 am

Arrived at USPS Regional Facility

WASHINGTON DC DISTRIBUTION CENTER

January 25, 2025, 3:20 am

Departed USPS Regional Facility

MERRIFIELD VA DISTRIBUTION CENTER

January 25, 2025, 2:36 am

Arrived at USPS Regional Origin Facility

MERRIFIELD VA DISTRIBUTION CENTER

January 25, 2025, 12:41 am

Processing Exception, Regional Weather Delay

January 24, 2025, 12:58 pm

USPS in possession of item

ASHBURN, VA 20148

January 24, 2025, 12:43 pm

Hide Tracking History

What Do USPS Tracking Statuses Mean? (<https://faq.usps.com/s/article/Where-is-my-package>)

Text & Email Updates



USPS Tracking Plus®



Product Information



Postal Product:
Priority Mail®

Features:

Certified Mail™

Up to \$100 insurance included. Restrictions Apply ⓘ

See tracking for related item:

9590940290704122044324

(/go/TrackConfirmAction?

tLabels=9590940290704122044324)

See Less ^

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs